



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 AUG 15 PM 3:31

1. Entity ID Number <u>1032202</u>		2. Exact name of the Corporation <u>HAMZA Convenience INC.</u>			
3. Principal Office Address <u>52 EAST MAIN Road</u>		City <u>Middle Town</u>	State <u>RI</u>	Zip <u>02842</u>	
4. Business Phone Number <u>401. 847 3653</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Convenience store</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>IRFAN U HASSAN</u>		Vice-President Name			
Street Address <u>52 EAST MAIN Road</u>		Street Address			
City <u>Middle Town</u>	State <u>RI</u>	Zip <u>02842</u>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>IRFAN HASSAN</u>		Director Name			
Street Address <u>52 EAST MAIN Road</u>		Street Address			
City <u>Middle Town</u>	State <u>RI</u>	Zip <u>02842</u>	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<u>0</u>		<u>0</u>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative <u>IRFAN U HASSAN</u>				Date <u>08-15-2016</u>	
Signature of Authorized Representative <u>IRFAN U HASSAN</u>				SIGN DOCUMENT HERE	

FILED

AUG 15 2016

By 281305
AA.

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov